

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5557PCS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2011
NAME OF PROVIDER OR SUPPLIER NORTHERN NEVADA HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1920 HARVARD WAY RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the Focused State Relicensure survey conducted in your agency on 4/20/11. The Focused State Relicensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies.</p> <p>The patient census was 20. Ten client records were reviewed. Four client home visits were conducted. Six employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 020	<p>Section 12 Criminal Background</p> <p>Sec. 12. 1. In addition to the requirements set forth in NAC 449.011, each applicant for a license to operate an agency shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The Central Repository for Nevada Records of Criminal History shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the agency, if any, and the Health Division of whether the applicant has been convicted of such a crime.</p>	P 020		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 020	Continued From page 1 This STANDARD is not met as evidenced by: Based on staff interview and record review the agency failed to ensure that 1 of 6 employees (Employee #2) complied with background check requirements. Employee #2 was hired on 1/1/06. Her last fingerprints were done on 6/26/09. Employee #2's personnel file lacked evidence of a FBI background check. Employee #4 stated the letter had been in the file but it somehow got misplaced Scope: 1 Severity: 2	P 020			
P 230	Section 16.1(a-i) Personnel File Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent	P 230			

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P 230	<p>Continued From page 2</p> <p>certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age; (h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and (i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview on 4/20/11, the agency did not obtain annual TB tests for 4 of 6 employees (Employee #2, #3, #4 and #6 and did not have the required physician statement for 3 of 6 employees (Employee #1, #3 and #6).</p> <p>1. Employee #1 was hired 7/30/10. Her pre-employment physical did not have a physician statement saying she was free from communicable disease in a contagious state.</p> <p>2. Employee #2 was hired 1/1/06. Her last TB skin test 5/17/09 - 5/20/09.</p> <p>3. Employee #3 was hired on 2/26/09. Her last TB skin test was 7/21/09 - 7/24/09 and her pre-employment physical did not have a physician statement saying she was free of communicable disease in a contagious state.</p> <p>4. Employee #4 was hired 6/5/09. His last TB skin test was 5/17/09 - 5/20/09. Employee #4 stated that although every one of the staff members had their initial 2-step TB skin tests, no annual tests had been done afterwards.</p>	P 230			

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P 230	Continued From page 3 5. Employee #6 was hired on 4/24/08. Her last TB skin test was 11/2/09 - 11/4/09. Her pre-employment physical did not have a physician statement saying she was free of communicable disease in a contagious state. Scope: 3 Severity: 2	P 230			
P 490	Section 22.1(1-2) Initial Client Screening Sec. 22. 1. The administrator of an agency or his designee shall conduct an initial screening to evaluate each prospective client ' s requests for personal care services and to develop a service plan for the client or to accept a service plan established for the client. 2. The initial screening and the development or acceptance of a service plan must be documented. The documentation must be dated and signed by the person who conducted the initial screening and developed or accepted the service plan. This STANDARD is not met as evidenced by: Based on record review the agency failed to provide documentation that included the date and signature of the person who conducted the initial screening and developed or accepted the service plan for 10 of 10 clients (Clients #1 -#10). Ten client files were randomly selected and reviewed. Although all of the files contained assessments of clients needs and care plans, there was no indication who performed the reviews and when. Scope: 3 Severity: 1	P 490			

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